

**COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT FOR COMMUNITY BASED SERVICES**

BENEFITS CHANGE NOTICE

Worker's Name:

Child's Name:

Office Address:

Soc. Sec No:

Claim No:

Office Telephone:

Birthdate

Date completed:

DCBS #:

- ☐ Change in Daily Rate to \$ effective date
- ☐ Child placed for adoption
Date Pre-adoptive subsidy \$ per month (if none, enter "0")
- ☐ Adoption Finalized: Date Name and address of adoptive parents:
- ☐ Child still in care, 18 years old, capable of being own payee. See Policy # 84 in the Children's Benefits Section
Date Address
- ☐ Child no longer in care (or child's exit is planned) Child still committed? ☐ Yes ☐ No
Date of exit Name of new recommended payee
Relationship to child Address
- ☐ Child in long-term Care Facility
Date placed Facility name
Address
- ☐ Check if facility should be made payee
- ☐ Title IV-E eligibility discontinued, effective date
- ☐ Child receiving SSI and is IV-E reimbursable, effective Cost of Care
- ☐ Child receiving SSI but is no longer IV -E reimbursable, effective Cost of Care
- ☐ Change in county of case responsibility to County.
- ☐ Other Change (Specify)

Send to: Children's Benefits Coordinator, Cabinet for Families and Children, Department for Community Based Services, 275 East Main ;
Frankfort, Kentucky 40621

**Reminder: When completed, email this form to the Children's Benefits Coordinator by clicking envelope icon
on the tool bar**